



Disaster Unemployment Assistance (DUA) Instructions

This document will help you to understand the purpose of the Disaster Unemployment Assistance (DUA) Program, eligibility requirements for DUA, what forms are required to file for and receive DUA payments, what to expect after filing, and who to call with questions and/or concerns about the program.

The purpose of the DUA Program is to help individuals whose employment has been lost or interrupted as a result of a major disaster declared by the President (such as the recent flooding in Michigan).

To be eligible for DUA, you must have no entitlement to regular unemployment benefits and must meet any of the following requirements:

- No longer have a job as a result of the disaster or
- Be unable to reach the place of work as a result of the disaster or
- Have been ready to start work, which is no longer available or be unable to reach the new job or
- Be the breadwinner or major support for the household because the head of the household died as a result of the disaster or
- Cannot work because of a disaster-incurred injury

The following forms are for informational purposes only:

- Form UIA 1870, *Required Verification of Employment and Base Period Earnings*
- Form UIA 1071, *DUA Assistance Rights Information Guide Sheet*
- Form UIA 1259, *Calendar*

The following forms must be completed to qualify for DUA:

- ✓ Form UIA 1554-DUA, *DUA Application for Unemployment Benefits*
 - Form UIA 1222-DUA, *Notice To Register For Work* (complete and follow form instructions ONLY if you do not have a return to work date from your last employer, that is within 120 days from your last day worked) Take this form to *Michigan Works!* Agency for completion and keep it.
 - Form UIA 1509-DUA, *Alien Consent Of Disclosure* (along with copy of the document(s) that gives you legal authorization to work in the USA)
- ✓ Form UIA 1876, *Supplement to Form UIA 1554-DUA*
- ✓ Form UIA 1877, *Request For Weekly DUA Benefits* (Included are four pre-dated forms. Complete forms for those weeks that you were unemployed as a direct result of the disaster)

If you are self-employed, the following additional forms must be completed to qualify for DUA:

- ✓ Form UIA 1876-1, *Self-Employment Supplement to DUA Application*
- ✓ Form UIA 1867, *Disaster Unemployment Assistance Wage Statement for Self-Employed*

Mail or fax completed forms to the TRA/Special Programs Unit. The mailing address is:

**TRA/Special Programs Unit
P.O. Box 02992
Detroit, Michigan 48202
Fax: (313) 456-3694**

If your DUA claim is allowed, you should expect to receive the following by mail in 14 days:

- Form UIA 1572-D, *Notice of Claim Denial* (for regular unemployment compensation)
- Form UIA 1878, *Notice of (Re)Determination for Disaster Unemployment Assistance*
- Additional copies of Form UIA 1877-DUA, *Request For Weekly DUA Benefits*

NOTE: If you are determined eligible for regular unemployment compensation, your DUA claim will be denied and you will receive information in the mail about your unemployment benefits.

IMPORTANT: Required Verification of Employment and Base Period Earnings

Individuals claiming Disaster Unemployment Assistance (DUA) must, ***within 21 days of application:***

- Provide documentation of employment or self-employment in the disaster area which has ended or been significantly reduced due to the major disaster, or was scheduled to begin in the major disaster area, ***and***
- Provide documentation of base period earnings from employment, self-employment or family employment such as: bank records, employers' statements of earnings, income tax preparer's copies of documents, copies of state and/or federal tax returns.

A copy of income tax return for most recent completed tax year can verify both (see Form UIA 1870 enclosed).

Receiving DUA Benefits

If you received a DUA determination, **DO NOT CALL MARVIN** (Michigan's Automated Response Voice Interactive Network) to certify for benefits. Instead of calling MARVIN, you must complete and submit Form UIA 1877, *Request For Weekly DUA Benefits* in order to receive benefits. As indicated above additional forms will be mailed to you to complete for continuing weeks of unemployment. They can also be obtained from the Unemployment Insurance Agency website at (www.michigan.gov/uia) or by contacting the TRA/Special Programs Unit.

If you have any questions or concerns regarding the DUA Program, please call the TRA/Special Programs Unit at **1-866-241-0152** between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday (TTY customers use 1-866-366-0004).

UNEMPLOYMENT BENEFITS

DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

APPLICATION INSTRUCTION SHEET

To speed the processing of your application:

- Follow these instructions carefully
- Fill out both sides of the application
- Use black ink and print clearly or type
- Do not write in shaded areas
- Before mailing, double-check your application to be sure all requested information is included
- Sign and date your application
- Always include your printed name and Social Security number
- Remove, complete and mail only *Application for Unemployment Benefits* on pages 3 and 4. If you are a non-citizen, also remove, complete and mail *Alien Consent of Disclosure* (UIA 1509-M) on page 6. If you were employed by the federal government include a copy of your Form DD 214-Member 4 copy (military), SF-8 or SF-50 (civilian). **Do not return this instruction page with your benefit application.**
- Mail immediately, along with with all other forms attached to this package.

Additional information to help you complete some of the items on the Application for Unemployment Benefits is provided on page 2 of this Application Instruction Sheet.

Send your completed DUA forms with any required copies to:

TRA/Special Programs Unit
P.O. Box 02992
Detroit, MI 48202



Department of Labor &
Economic Growth
David C. Holister

State of Michigan
Jennifer M. Granholm,
Governor



Refer to the matching numbered items found on the application on pages 3 and 4.

21. Alien/Non-Citizen – If you are not a citizen or national of the United States, you must complete *Alien Consent of Disclosure* (Form UIA 1509-DUA) on page 6 of this application **and** include a copy of the front and back of your INS documentation with your application. Failure to return these forms will delay the processing of your claim. Common documents provided by INS to aliens are:

Form I-1551	Permanent Resident Card or Resident Alien Card
Forms I-766, I-688A, or I-688B	Employment Authorization Document
Form I-94	Arrival Departure Record
Form I797A	Notice of Action and/or Receipt
Form I-688	Temporary Resident Card
Passport/VISA with INS stamp	

Failure to reveal non-citizenship or unauthorized work status may result in an overpayment of benefits. You will be required to repay those benefits. In addition, if this Agency determines you were overpaid due to fraudulent withholding of material information, you will be subject to penalty of fine, and/or imprisonment, and/or community service. The fine can be as high as 4 times the amount of the improperly paid benefits.

30. Federal Employment and Military Service

- > If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your **Form DD 214-Member 4**, with your application. This form is issued by the military at the time of discharge. Failure to include this form will delay claim processing.
- > If you were employed by the federal government as a civilian, you should have received a **Standard Form 8** (SF-8) and **Standard Form 50** (SF-50) from your employer. If you have these forms, send a copy showing your Social Security number with your application. Failure to include these forms may delay the processing of your claim. If you worked outside Michigan, include the **full** address of your work location and the payroll address (if different from the work location).

32. thru 44c. Work History – This is very important information. **List all jobs you have had in the last 18 months.** The form provides space for information about your two most recent employers. If you worked for more than two employers, include the same information about each employer on a separate sheet showing your Social Security number and send it with your completed application.

44a. Work Registration – To be eligible for unemployment benefits, you must register for work if you do not have a definite return to work date within 120 days from your last day worked. Refer to page 5 of this application, and follow the instructions carefully.

47. Certification – Please read this section carefully and sign the form. **Unsigned applications will be returned.**

PLEASE PRINT CLEARLY OR TYPE – USE BLACK INK
DO NOT WRITE IN SHADED AREAS



State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY



**APPLICATION FOR UNEMPLOYMENT BENEFITS
(Disaster Unemployment Assistance (DUA))**

☐ Check this box if your name or address
has changed since your last claim.

UIA No. _____

Completion of this form is required to qualify for benefits.

1. YOUR SOCIAL SECURITY NUMBER		2. ADD'L. SOCIAL SECURITY NUMBER		3. YOUR LAST NAME			4. YOUR FIRST NAME			5. Initial		
6. YOUR BIRTH DATE		7. YOUR MAILING ADDRESS				8. YOUR CITY			9. STATE		10. ZIP CODE	
11. COUNTY		12. AREA CODE and TELEPHONE NO.		13. YEARS OF SCHOOL YOU COMPLETED		14. YOUR SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		15. ADDITIONAL NAME WORKED UNDER (INCLUDE MAIDEN NAME) IN LAST 18 MONTHS				
16. To claim a person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. A person may be claimed as a dependent by only one unemployed worker at a time. Persons you may claim as dependents considered by age and relationship:										17. ENTER YOUR DRIVER LICENSE OR STATE ID NUMBER.		
AGE OF DEPENDENT		RELATIONSHIP TO YOU		AGE OF DEPENDENT		RELATIONSHIP TO YOU		Enter the TOTAL dependents you are claiming in the box below. Do not claim yourself. No. of Dependents		18. STATE ISSUED BY:		
Any Age		Your spouse		Over age 18 if physically or mentally infirm and unable to work		Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father		<input type="checkbox"/>		<input type="checkbox"/> Michigan		
Under Age 18		Your child, grandchild, adopted child, stepchild, orphaned brother or sister		Over age 65		Your mother or father				<input type="checkbox"/> Other		
Over Age 18, and Under Age 22 if Full-time Student		Your child, grandchild, adopted child, stepchild, orphaned brother or sister										
19. DO YOU WANT FEDERAL AND MI STATE TAXES WITHHELD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," NUMBER OF TAX EXEMPTIONS _____		21. ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO", A COPY OF YOUR INS DOCUMENT IS REQUIRED. SEE INSTRUCTION SHEET.				23. (Optional) ARE YOU HISPANIC OR LATINO? YES <input type="checkbox"/> NO <input type="checkbox"/>						
20. ARE YOU WORKING FULL-TIME THIS WEEK? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. IF YOU ARE NOT A CITIZEN OR NATIONAL, ARE YOU IN SATISFACTORY IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/> WHAT IS YOUR ALIEN REGISTRATION NUMBER AND EXPIRATION DATE? _____ / _____				24. (Optional) IN ADDITION TO ITEM 23, ARE YOU: Please check one: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian or Alaskan Native						
25. ARE YOU ATTENDING A SCHOOL OR COLLEGE? ... YES <input type="checkbox"/> NO <input type="checkbox"/> CIRCLE DAYS YOU ATTEND: S M T W T F S TOTAL HOURS AM: _____ TOTAL HOURS PM: _____				26. WERE YOU HOSPITALIZED OR UNABLE TO WORK 14 DAYS OR MORE BECAUSE OF ILLNESS OR INJURY DURING THE PAST THREE YEARS? IF "YES," GIVE DATES. YES <input type="checkbox"/> NO <input type="checkbox"/> FROM _____ THROUGH _____				27. DID YOU PERFORM SERVICES AS A PROFESSIONAL ATHLETE IN THE PAST 18 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>				
28. WERE YOU PAID GROSS WAGES OF AT LEAST \$1,810 WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "NO," ENTER YOUR GROSS EARNINGS WITH ALL EMPLOYERS SINCE FILING YOUR LAST NEW CLAIM. \$ _____ (Approximate)				29. IF YOU RECEIVE, OR APPLIED FOR, RETIREMENT BENEFITS INDICATE: RETIREMENT EFFECTIVE DATE _____ MONTHLY AMOUNT: \$ _____ LUMP SUM AMOUNT \$ _____ RECEIPT DATE OF FIRST RETIREMENT CHECK: _____ BUSINESS NAME: _____ ARE YOU RECEIVING OR WILL YOU RECEIVE RETIREMENT BENEFITS FROM MORE THAN ONE EMPLOYER. YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," INCLUDE THIS INFORMATION AND YOUR SOCIAL SECURITY NUMBER ON A SEPARATE SHEET.				CHECK BOX: <input type="checkbox"/> DID NOT CONTRIBUTE <input type="checkbox"/> CONTRIBUTED LESS THAN ONE-HALF THE COST <input type="checkbox"/> CONTRIBUTED HALF OR MORE OF THE COST				
30. DURING THE LAST 18 MONTHS: A. WERE YOU EMPLOYED BY THE FEDERAL GOVERNMENT (EITHER CIVILIAN EMPLOYMENT OR MILITARY SERVICE)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", A COPY OF FORM DD 214-MEMBER 4 COPY, OR SF-8 & SF-50 ARE REQUIRED. SEE INSTRUCTION SHEET. 1. MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE DUTY DATES: FROM _____ TO _____ 2. CIVILIAN EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> DATES: FROM _____ TO _____ B. DID YOU FILE AN UNEMPLOYMENT CLAIM AGAINST, OR RECEIVE BENEFITS FROM, A STATE OTHER THAN MICHIGAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," WHICH STATE? _____ C. HAVE YOU WORKED IN ANOTHER STATE, GUAM PUERTO RICO, OR THE VIRGIN ISLANDS? YES <input type="checkbox"/> NO <input type="checkbox"/>												
31. — DO NOT WRITE IN THIS AREA — FOR AGENCY USE ONLY —												
FIPS CITY CODE		FILING DATE			BYB DATE			OCCUPATION CODE				
FIPS COUNTY CODE		PROFILE		CLAIM TYPE			PROCESS TYPE					
				NEW <input type="checkbox"/> TC <input type="checkbox"/> AC <input type="checkbox"/>			I - UI <input type="checkbox"/> F - UC FE <input type="checkbox"/> C - CO-MINGLE <input type="checkbox"/> X - UCX <input type="checkbox"/>					

Continue with Item 32 on the Reverse Side.

SOCIAL SECURITY NUMBER

CK
DIGIT

LIST EACH EMPLOYER YOU WORKED FOR DURING THE LAST 18 MONTHS, BEGINNING WITH YOUR LAST EMPLOYER. INCLUDE ANY WORK PERFORMED FOR FEDERAL, STATE, OR LOCAL GOVERNMENT, AND ANY WORK PERFORMED IN OTHER STATES. DO NOT WRITE IN SHADED AREAS. PLEASE PRINT CLEARLY OR TYPE. USE BLACK INK.

M O S T R E C E N T	32. BUSINESS NAME			33. FIRST DAY WORKED		34. LAST DAY WORKED		EMPLOYER ACCOUNT NUMBER		MULTI-UNIT		CHECK DIGIT	
	35. PAYROLL ADDRESS			36. CITY		37. STATE		38. ZIP CODE		39. COUNTY/STATE WORKED IN		40. AREA CODE and TELEPHONE NO. ()	
	41. REASON FOR SEPARATION (Enter the reason number in the box)			42. EXPLAIN THE REASON FOR YOUR SEPARATION.			44a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give date . If NO, you must register for work. See Instruction Sheet for details.						
	(1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME <input type="checkbox"/> (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 42) <input type="checkbox"/> WILLFUL DESTRUCTION						44b. ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? <input type="checkbox"/> YES <input type="checkbox"/> NO						
							44c. DID YOU HAVE ANY OTHER LAYOFFS OR SEPARATIONS FROM THIS EMPLOYER DURING THE PAST 18 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER SINCE THAT LAYOFF OR SEPARATION? \$. (Approximate) IF "NO," WHAT WERE YOUR GROSS EARNINGS WITH THIS EMPLOYER IN THE PAST 18 MONTHS? \$. (Approximate)						
			43. JOB TITLE										

N E X T E M P L O Y E R	32. BUSINESS NAME			33. FIRST DAY WORKED		34. LAST DAY WORKED		EMPLOYER ACCOUNT NUMBER		MULTI-UNIT		CHECK DIGIT	
	35. PAYROLL ADDRESS			36. CITY		37. STATE		38. ZIP CODE		39. COUNTY/STATE WORKED IN		40. AREA CODE and TELEPHONE NO. ()	
	41. REASON FOR SEPARATION (Enter the reason number in the box)			42. EXPLAIN THE REASON FOR YOUR SEPARATION.			44a. DO YOU EXPECT TO RETURN TO WORK FOR THIS EMPLOYER WITHIN 120 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give date .						
	(1) LAID OFF/LACK OF WORK (8) STILL EMPLOYED FULL-TIME <input type="checkbox"/> (2) FIRED (9) FIRED FOR ANY OF THE FOLLOWING: (3) QUIT (4) RETIRED (Voluntarily) <input type="checkbox"/> WILDCAT STRIKE (5) RETIRED (Involuntarily) <input type="checkbox"/> IMPRISONMENT (6) LABOR DISPUTE <input type="checkbox"/> DRUGS <input type="checkbox"/> THEFT <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> ASSAULT AND BATTERY (7) OTHER (Explain in Item 42) <input type="checkbox"/> WILLFUL DESTRUCTION						44b. ARE YOU REQUIRED TO OBTAIN EMPLOYMENT THROUGH A UNION HIRING HALL? <input type="checkbox"/> YES <input type="checkbox"/> NO						
			43. JOB TITLE										

45. CHECK BOX IF YOU HAVE OR WILL RECEIVE ANY OF THE FOLLOWING PAYMENTS FOR ANY PERIOD AFTER YOUR LAST DAY OF WORK:
☐ VACATION ☐ HOLIDAY ☐ BONUS ☐ PAYMENT IN LIEU OF NOTICE ☐ DISABILITY COMPENSATION ☐ SEVERANCE PAY ☐ SALARY CONTINUATION
☐ OTHER _____ GROSS AMOUNT \$ _____ PERIOD COVERED: from _____ to _____

46. DID YOU WORK IN FAMILY EMPLOYMENT AS DEFINED BELOW? ☐ YES ☐ NO
 DEFINITION: EMPLOYMENT IN A BUSINESS OR CORPORATION IN WHICH THE MAJORITY INTEREST IS OWNED BY YOU ALONE; OR BY YOU TOGETHER WITH YOUR SON, DAUGHTER OR SPOUSE; OR BY ONE OR ANY COMBINATION OF THESE INDIVIDUALS; OR BY YOUR MOTHER AND/OR FATHER IF YOU ARE UNDER THE AGE OF 18.
 IF YOU WERE EMPLOYED UNDER THE CONDITIONS STATED ABOVE DURING THE LAST 18 MONTHS, PLEASE GIVE THE NAME(S) OF THE BUSINESS(ES): _____

NOTE: IF YOU HAD MORE THAN 2 EMPLOYERS DURING THE PAST 18 MONTHS, ATTACH A SEPARATE SHEET.

47. YOUR CERTIFICATION: I HEREBY APPLY FOR A DETERMINATION OF MY UNEMPLOYMENT BENEFIT RIGHTS. I DECLARE THAT I AM A CITIZEN OF THE UNITED STATES OR I AM IN SATISFACTORY IMMIGRATION STATUS. I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

YOUR SIGNATURE: _____ DATE: _____ DATE D/E _____ INITIALS _____

MAIL IMMEDIATELY

UNSIGN APPLICATIONS
CANNOT BE PROCESSED
*INCLUDE REQUIRED DOCUMENTS.

Allow 5 days for mail delivery. Mail to TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202.



State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

Do not return this form with your application for DUA benefits. Take this form to an MWA Service Center if you must register for work.

Name: _____ Social Security Number:

NOTICE TO REGISTER FOR WORK

If you do not have a definite return to work date from your last employer that is within 120 days from your last day worked, you must register for work to be eligible for unemployment benefits. To register, your résumé must be placed in Michigan's Talent Bank (MTB) on the Internet two to three business days **after mailing your DUA application**. You may enter your résumé directly on the Internet at www.michworks.org. Paper applications are also available at Michigan Works! Agency (MWA) service centers.

YOU MUST REPORT IN PERSON WITH THIS FORM TO AN MWA SERVICE CENTER TO VERIFY YOU REGISTERED FOR WORK BY PLACING YOUR RÉSUMÉ ON THE MTB WEBSITE ON THE INTERNET. Call 1-800-285-WORK to be connected with the MWA nearest you. The MWA must stamp this form with résumé data entry date and return it to you. The MWA will notify this Agency that you have registered for work. Keep this form for the duration of your benefit year (1 year) as proof that you have registered for work. Your benefit payment may be affected later if your registration cannot be proven.

MICHIGAN WORKS! INSIGNIA W/DATA ENTRY DATE



State of Michigan
Department of Labor & Economic Growth
Unemployment Insurance Agency
www.michigan.gov/uia



ALIEN CONSENT OF DISCLOSURE

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the State of Michigan, Unemployment Insurance Agency, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the Immigration Reform and Control Act of 1986 (IRCA) precludes the Immigration and Naturalization Service (INS) from using, publishing, or making available information related to my application for adjustments to temporary residence except as provided by law (confidentiality provision).

Print
Your
Name: _____

Social
Security
Number: _____

Signature: _____

Date: _____

Remove and return this form with your application if you are not a United States citizen.

All information requested on this Disaster Unemployment Assistance (DUA) application and other DUA forms is voluntary but is required in order to promptly process your claim. The request for information is authorized under Section 410 of the Robert T. Stafford Relief and Emergency Assistance Act. All information furnished will be confidential, except to the extent that release is authorized in the processing of your claim. Such information will not be used for any purpose other than establishing your entitlement to DUA, for statistical and research purposes by the Unemployment Insurance Agency (UIA) and the U.S. Department of Labor (USDOL), and to ensure that benefits have been paid promptly.

D. UNEMPLOYED WORKER CERTIFICATION

I HEREBY apply for DISASTER UNEMPLOYMENT ASSISTANCE (DUA) for the period of unemployment resulting from the announced disaster beginning _____. The disaster caused me to become unemployed for the following reason: (Explain in detail.)

Was your employment (the loss of which you allege to be a result of this disaster) the principal source of your income and means of livelihood? ☐ Yes ☐ No

I CERTIFY that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

I certify I have received a copy of the Assistance Rights Information Sheet.

Unemployed Worker Signature _____ Date _____

Initial to indicate receipt of: _____ Form UIA 1870 _____ Form UIA 1873

I have been instructed to register for work with the Michigan Works! Agency _____
(initial)

Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. **If you have any questions regarding this form, call 1-866-241-0152 (TTY customers use 1-866-366-0004).**

DLEG IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT

LEAVE BLANK – OFFICE USE ONLY

Disaster No. FEMA _____ DR _____ Disaster Assistance Period Begins* _____ Ends _____
* BYB Date must be the same or later than this date.

EMPLOYMENT VERIFICATION _____ INITIALS/DATE _____

BASE PERIOD INCOME VERIFICATION _____ INITIALS/DATE _____

CLAIM TYPE	ALIEN	CERT METHOD	PROCESS TYPE	OBS CODE	OCC CODE	FIPS COUNTY	
RES CODE	ID NO.	ID ST	FIPS CITY	FILING DATE	BYB DATE	D/E DATE	D/E INITIALS



FOR OFFICE USE	
Disaster Date _____	
Disaster Number _____	
FEMA _____	DR _____

Self-Employment Supplement to DUA Application

Completion of this form is required to qualify for benefits.

Name: _____

Business Name: _____

S.S. No.: - -

Business Address: _____

County: _____

City, State, Zip Code: _____

A. TYPE OF SELF-EMPLOYMENT

Check appropriate box: ☐ Farming ☐ Business ☐ Other _____

Ownership: ☐ Sole Owner ☐ Partner

Are other family members also self-employed in this enterprise? ☐ Yes ☐ No

If Yes, provide: Name: _____

S.S. No.: - -

Name: _____

S.S. No.: - -

If more space is needed, continue on a separate sheet of paper.

B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part.)

1. Describe the nature of your self-employment, indicate how long you have been self-employed. _____

2. Did this self-employment require any part of your time in the performance of services? ☐ Yes ☐ No

If No, explain. _____

3. Were you performing any services in connection with this self-employment at the time of the disaster? ☐ Yes ☐ No

If No, explain why not. If Yes, identify services being performed. _____

4. Did the disaster prevent you from performing all services in connection with self-employment? ☐ Yes ☐ No

If No, identify services being performed. _____

5. Since becoming unemployed, have you been performing or are you able to perform any services in restoring or improving the value or profit-making capability of your self-employment? ☐ Yes ☐ No

If Yes, explain. _____

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? ☐ Yes ☐ No

If No, explain. _____

(Over)

7. Do you have any work other than self-employment? ☐ Yes ☐ No

Type of work: _____ Hours per Week: _____ Gross Weekly Wages: _____

Effect of disaster on this work: _____

8. If your self-employment is in farming, what are your customary crops and/or products (e.g., wheat, corn, soybeans, sugar beets, milk, eggs, pork, beef, etc.)

9. Fill in your **customary weekly** full-time hours for each of the periods checked below:

✓	Time Period	Hours Worked	✓	Time Period	Hours Worked
	Jan. 1 through Jan. 15		✓	July 1 through July 15	
	Jan. 16 through Jan. 31		✓	July 16 through July 31	
	Feb. 1 through Feb. 15		✓	Aug. 1 through Aug. 15	
	Feb. 16 through Feb. 28/29		✓	Aug. 16 through Aug. 31	
	Mar. 1 through Mar. 15		✓	Sept. 1 through Sept. 15	
	Mar. 16 through Mar. 31		✓	Sept. 16 through Sept. 30	
	Apr. 1 through Apr. 15		✓	Oct. 1 through Oct. 15	
	Apr. 16 through Apr. 30		✓	Oct. 16 through Oct. 31	
	May 1 through May 15		✓	Nov. 1 through Nov. 15	
✓	May 16 through May 31		✓	Nov. 16 through Nov. 30	
✓	June 1 through June 15		✓	Dec. 1 through Dec. 15	
✓	June 16 through June 30		✓	Dec. 16 through Dec. 31	

C. CERTIFICATION

I CERTIFY that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM. I understand that if I have not already done so, I must provide proof of my self-employment and proof of my net earnings for the most recently completed tax year within 21 days of application. If I do not provide these proofs, my application for DUA may be denied, or my weekly benefit amount reduced, and I will be required to repay benefits that have been overpaid.

Signature _____

Date _____

Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. **If you have any questions regarding this form, call 1-866-241-0152 (TTY customers use 1-866-366-0004).**



**Disaster Unemployment Assistance (DUA)
Wage Statement for Self-Employed Individuals**
Completion of this form is required to qualify for benefits.

Your Statement of Estimated Net Earnings for Most Recently Completed Tax Year

For Tax Year Beginning _____ and Ending _____

1. Name: _____

2. Social Security Number: ——

3. Telephone Number: ——

4. Enter your **NET** earnings/losses for the tax year listed above. *If you do **not** provide a copy of your tax return or other proof of these earnings within 21 days of application for DUA, your weekly benefit amount will be redetermined to be the minimum DUA weekly benefit, and you will be required to repay benefits that have been overpaid.*

Acceptable of proof of earnings include:

- Schedule C or C-EZ for sole owners of business
- Schedule F for farm income
- Schedule E and form 1065 with Schedule K-1 for partnerships
- Other documents that provide verification of self-employment earnings for the above tax year.

Qtr Ending _____	Qtr Ending _____	Qtr Ending _____	Qtr Ending _____	TOTAL

UNEMPLOYED WORKER'S CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and belief. I understand that federal regulations governing the DUA program require any criminal penalties applicable under Michigan law to be applied if a false statement is made in order to secure DUA benefits. I understand that I must repay any overpayment to the UIA.

Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. **If you have any questions regarding this form, call 1-866-241-0152 (TTY customers use 1-866-366-0004).**

Your Signature _____ Date _____

For UIA Use Only

Agency Signature _____ Date _____

Proof of employment submitted? ☐ YES ☐ NO

Type of Proof: ☐ W-2 ☐ Paycheck Stub ☐ Other _____

Proof of income submitted? ☐ YES ☐ NO

Type of Proof: ☐ Tax Forms ☐ W-2 ☐ Other _____



REQUEST FOR WEEKLY DUA BENEFITS

Completion of this form is required to qualify for benefits.

Disaster No. _____

FEMA _____ DR _____

1. Name _____
2. Address _____
3. City, State, Zip _____
4. Telephone No. _____

5. S.S. No. - -
6. Weeks Claimed: Use Calendar Week Ending (Saturday) Dates.
 1st Week: 05/29/04
 2nd Week: 06/05/04

IMPORTANT: Read this paragraph carefully before completing this form. This form cannot be accepted or processed by the Unemployment Insurance Agency (UIA) until after the latest date in Item 6 above, but it must be received by the UIA within 7 days of that date. If received or postmarked before the latest date in Item 6 above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. If you have any questions about this form, call 1-866-241-0152 (TTY customers call 1-866-366-0004).

INSTRUCTIONS: For each week in Item 6 above, answer questions by filling in requested information. Enter any comments in the "Comments" space below.

- | | First Week | Second Week | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Did you return to full-time work or resume full self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you perform any work for another or engage in self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If <i>Yes</i> , enter number of hours during each week | | | | |
| If employed, enter gross earnings earned (not received) during each week | \$ _____ | | \$ _____ | |
| If self-employed, enter gross amount received during each week and check this box <input type="checkbox"/> | \$ _____ | | \$ _____ | |
| 3. Have you applied for or would you be eligible if you applied for: | | | | |
| a. Unemployment compensation under any state or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any amount for loss of wages due to illness or disability? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any type of private income protection insurance? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If you answered <i>Yes</i> to b or c : | | | | |
| What amount was received or will be received? | | | | |
| If unknown, insert a question mark (?) | \$ _____ | | \$ _____ | |
| What period does (or will) these benefits cover? | | | | |
| 4. Were you able and available for work? If <i>No</i> , explain below in Comments section. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you seek work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you accept all offers of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMENTS:

UNEMPLOYED WORKER CERTIFICATION

I certify that the information I have provided on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I realize that these benefits are federally funded and that penalties are prescribed by law for the willful misrepresentation or concealment of material facts in order to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Unemployed Worker Signature: _____ Date: _____

DO NOT SIGN OR MAIL BEFORE THE LATEST DATE IN ITEM 6 AT THE TOP OF THIS FORM.

DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.



REQUEST FOR WEEKLY DUA BENEFITS

Completion of this form is required to qualify for benefits.

Disaster No. _____

FEMA _____ DR _____

1. Name _____
2. Address _____
3. City, State, Zip _____
4. Telephone No. _____

5. S.S. No. - -
6. Weeks Claimed: Use Calendar Week Ending (Saturday) Dates.
 1st Week: 06/12/04
 2nd Week: 06/19/04

IMPORTANT: Read this paragraph carefully before completing this form. This form cannot be accepted or processed by the Unemployment Insurance Agency (UIA) until after the latest date in Item 6 above, but it must be received by the UIA within 7 days of that date. If received or postmarked before the latest date in Item 6 above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. If you have any questions about this form, call 1-866-241-0152 (TTY customers call 1-866-366-0004).

INSTRUCTIONS: For each week in Item 6 above, answer questions by filling in requested information. Enter any comments in the "Comments" space below.

- | | First Week | Second Week | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Did you return to full-time work or resume full self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you perform any work for another or engage in self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, enter number of hours during each week | | | | |
| If employed, enter gross earnings earned (not received) during each week | \$ | | \$ | |
| If self-employed, enter gross amount received during each week and check this box <input type="checkbox"/> | \$ | | \$ | |
| 3. Have you applied for or would you be eligible if you applied for: | | | | |
| a. Unemployment compensation under any state or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any amount for loss of wages due to illness or disability? (If Yes, see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any type of private income protection insurance? (If Yes, see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If you answered Yes to b or c: | | | | |
| What amount was received or will be received? | | | | |
| If unknown, insert a question mark (?) | \$ | | \$ | |
| What period does (or will) these benefits cover? | | | | |
| 4. Were you able and available for work? If No, explain below in Comments section. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you seek work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you accept all offers of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMENTS:

UNEMPLOYED WORKER CERTIFICATION

I certify that the information I have provided on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I realize that these benefits are federally funded and that penalties are prescribed by law for the willful misrepresentation or concealment of material facts in order to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Unemployed Worker Signature: _____ Date: _____

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REQUEST FOR WEEKLY DUA BENEFITS

Completion of this form is required to qualify for benefits.

Disaster No. _____

FEMA _____ DR _____

1. Name _____
2. Address _____
3. City, State, Zip _____
4. Telephone No. _____

5. S.S. No. - -
 6. Weeks Claimed: Use Calendar Week Ending (Saturday) Dates.
 1st Week: 06/26/04
 2nd Week: 07/03/04

IMPORTANT: Read this paragraph carefully before completing this form. This form cannot be accepted or processed by the Unemployment Insurance Agency (UIA) until after the latest date in Item 6 above, but it must be received by the UIA within 7 days of that date. If received or postmarked before the latest date in Item 6 above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. If you have any questions about this form, call 1-866-241-0152 (TTY customers call 1-866-366-0004).

INSTRUCTIONS: For each week in Item 6 above, answer questions by filling in requested information. Enter any comments in the "Comments" space below.

- | | First Week | Second Week | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Did you return to full-time work or resume full self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you perform any work for another or engage in self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If <i>Yes</i> , enter number of hours during each week | | | | |
| If employed, enter gross earnings earned (not received) during each week | \$ _____ | | \$ _____ | |
| If self-employed, enter gross amount received during each week and check this box <input type="checkbox"/> | \$ _____ | | \$ _____ | |
| 3. Have you applied for or would you be eligible if you applied for: | | | | |
| a. Unemployment compensation under any state or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any amount for loss of wages due to illness or disability? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any type of private income protection insurance? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If you answered <i>Yes</i> to b or c : | | | | |
| What amount was received or will be received? | | | | |
| If unknown, insert a question mark (?) | \$ _____ | | \$ _____ | |
| What period does (or will) these benefits cover? | | | | |
| 4. Were you able and available for work? If <i>No</i> , explain below in Comments section. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you seek work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you accept all offers of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMENTS:

UNEMPLOYED WORKER CERTIFICATION

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Unemployed Worker Signature: _____ Date: _____

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REQUEST FOR WEEKLY DUA BENEFITS

Completion of this form is required to qualify for benefits.

Disaster No. _____

FEMA _____ DR _____

1. Name _____
2. Address _____
3. City, State, Zip _____
4. Telephone No. _____

5. S.S. No. - -
6. Weeks Claimed: Use Calendar Week
Ending (Saturday) Dates.
1st Week: 07/10/04
2nd Week: _____

IMPORTANT: Read this paragraph carefully before completing this form. This form cannot be accepted or processed by the Unemployment Insurance Agency (UIA) until after the latest date in Item 6 above, but it must be received by the UIA within 7 days of that date. If received or postmarked before the latest date in Item 6 above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. If you have any questions about this form, call 1-866-241-0152 (TTY customers call 1-866-366-0004).

INSTRUCTIONS: For each week in Item 6 above, answer questions by filling in requested information. Enter any comments in the "Comments" space below.

- | | First Week | Second Week | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Did you return to full-time work or resume full self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you perform any work for another or engage in self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If <i>Yes</i> , enter number of hours during each week | | | | |
| If employed, enter gross earnings earned (not received) during each week | \$ _____ | | \$ _____ | |
| If self-employed, enter gross amount received during each week
and check this box <input type="checkbox"/> | \$ _____ | | \$ _____ | |
| 3. Have you applied for or would you be eligible if you applied for: | | | | |
| a. Unemployment compensation under any state or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Any amount for loss of wages due to illness or disability? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Any type of private income protection insurance? (If <i>Yes</i> , see d.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. If you answered <i>Yes</i> to b or c : | | | | |
| What amount was received or will be received? | | | | |
| If unknown, insert a question mark (?) | \$ _____ | | \$ _____ | |
| What period does (or will) these benefits cover? | | | | |
| 4. Were you able and available for work? If <i>No</i> , explain below in Comments section. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you seek work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you accept all offers of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMENTS:

UNEMPLOYED WORKER CERTIFICATION

I certify that the information I have provided on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I realize that these benefits are federally funded and that penalties are prescribed by law for the willful misrepresentation or concealment of material facts in order to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Unemployed Worker Signature: _____ Date: _____

DO NOT SIGN OR MAIL BEFORE THE LATEST DATE IN ITEM 6 AT THE TOP OF THIS FORM.

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Required Verification of Employment and Base Period Earnings

Individuals claiming Disaster Unemployment Assistance (DUA) must, within 21 days of application:

1. Provide documentation of employment or self-employment in the disaster area which has ended or been significantly reduced due to the major disaster, or was scheduled to begin in the major disaster area, **and**
2. Provide documentation of base period earnings from employment, self-employment or family employment such as: bank records, employers' statements of earnings, income tax preparer's copies of documents, copies of state and/or federal tax returns.

Failure to submit DUA documentation of employment, self-employment or family employment within 21 days of application will result in a denial of benefits and establishment of an overpayment account for any benefits already paid. This Agency will also consider whether the individual should be subject to a disqualification for filing an initial fraudulent application for DUA.

If verification of employment has been provided within the 21 day limit, but verification of earnings has not also been submitted within this time limit, the DUA Weekly Benefit Amount (WBA) will be redetermined to be the state minimum DUA WBA effective with the beginning of the benefit year. This includes instances where an individual has not filed a tax return for the most recently completed tax year. An overpayment account will be established for any benefits already paid.

If the claim's DUA WBA has been redetermined to be the state minimum DUA WBA because wage verification was not received within the required 21 days, the WBA may be increased effective with the beginning of the benefit year if the verification is received later, but within the 26-week disaster assistance period. If you have any questions regarding the above, please call the TRA/Special Programs Unit at 1-866-241-0152 (TTY customers use 1-866-366-0004).

DLEG IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT



DISASTER UNEMPLOYMENT ASSISTANCE (DUA) INFORMATION SHEET

ELIGIBILITY REQUIREMENTS

Unemployment must be direct result of the disaster.
Cannot be eligible for benefits under any other
Unemployment Insurance (UI) program.

WEEKLY BENEFIT AMOUNT

Base period is your most recently completed tax year.
Calculation formula same as for UI Weekly Benefit Amount
(WBA).
Self-employed earnings and non-labile earnings are treated
as if they were from liable employer.
For self-employed, **net** income is considered when
determining Average Weekly Wage (AWW).
Minimum DUA WBA for full-time workers is
\$146.00.
Part-time workers not entitled to at least the minimum get a
percentage of the minimum.
Pensions and denial periods from DUA base period
employers reduce benefits.

DURATION OF BENEFITS

Begins Sunday after disaster date and ends 26 weeks after
declaration date.
For most people, duration is 26 weeks.
Disaster Assistance Period dates for current disaster are 5/
23/04 through 1/1/05.

VERIFICATION REQUIREMENTS

Must verify disaster-related employment, self-employment, or
potential employment within 21 days of application or claim
will be denied and restitution established.
Must verify DUA base period earnings within 21 days of
application or WBA will be redetermined to be minimum
WBA and restitution established.
Copy of income tax return for most recent completed tax
year can verify both.

CALENDAR WEEK

Sunday through Saturday.

REPORTING REQUIREMENTS

Cannot use MARVIN.
Certification forms (*Request for Weekly DUA Benefits*, Form
UIA 1877). Must be mailed to "TRA/Special Programs Unit,
P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-
456-3694.
Forms must be received within 7 days of the second week on
Form UIA 1877.
Late reporting – possible ineligibility.

**If you have any questions contact the TRA/Special Programs Unit at 1-866-241-0152 (TTY customers
use 1-866-366-0004).**

SEEKING WORK

Must register with Michigan Works! Agency unless there is a
definite return to work day within 120 days.
Must seek work each week.
Self-employed are considered seeking work if they are taking
action to resume full-time self-employment.

ABLE AND AVAILABLE

Must be able to work unless inability is direct result of
disaster.
Must be available for work.

BACK TO WORK

Eligibility ends when back to work at customary full-time
hours.
Must report back to work on certification form.

REPORTABLE EARNINGS

For employed, report **gross** earnings as of week **earned**.
Earnings offset formula used for employment earnings.
For self-employed, report **gross** earnings as of week
received.
Earnings offset formula used for self-employment income.

OTHER BENEFITS AFFECTING ENTITLEMENT

Benefit or insurance from any source for loss of wages due
to illness and disability.
Private income protection insurance.
Workers' disability benefits payable due to death of head of
household due to the disaster.
Reduces entitlement dollar-for-dollar.

PENALTIES FOR FRAUD

If fraud at time of application, disqualified for entire Disaster
Assistance Period.
If fraud during DUA period, disqualified for the next 2
compensable weeks.
Required to repay benefits overpaid, regardless if the
overpayment is not due to fraud.
If overpayment due to fraud, required to pay penalty of 1 1/2
times the overpayment, in addition to the overpayment.

APPEAL RIGHTS

Protest/appeal period from (re)determination is 60 days.
Appeal period from Administrative Law Judge decision is 15
days.
Appeal period for Regional Administrator decision is 15 days.



CALENDAR

2003								Wk. No.
	S	M	T	W	Th	F	S	
JAN	5	6	7	8	9	10	11	1
	12	13	14	15	16	17	18	2
	19	20	21	22	23	24	25	3
	26	27	28	29	30	31	1	4
FEB	2	3	4	5	6	7	8	5
	9	10	11	12	13	14	15	6
	16	17	18	19	20	21	22	7
	23	24	25	26	27	28	1	8
MAR	2	3	4	5	6	7	8	9
	9	10	11	12	13	14	15	10
	16	17	18	19	20	21	22	11
	23	24	25	26	27	28	29	12
APR	30	31	1	2	3	4	5	13
	6	7	8	9	10	11	12	14
	13	14	15	16	17	18	19	15
	20	21	22	23	24	25	26	16
MAY	27	28	29	30	1	2	3	17
	4	5	6	7	8	9	10	18
	11	12	13	14	15	16	17	19
	18	19	20	21	22	23	24	20
JUN	25	26	27	28	29	30	31	21
	1	2	3	4	5	6	7	22
	8	9	10	11	12	13	14	23
	15	16	17	18	19	20	21	24
JUL	22	23	24	25	26	27	28	25
	29	30	1	2	3	4	5	26
	6	7	8	9	10	11	12	27
	13	14	15	16	17	18	19	28
AUG	20	21	22	23	24	25	26	29
	27	28	29	30	31	1	2	30
	3	4	5	6	7	8	9	31
	10	11	12	13	14	15	16	32
SEPT	17	18	19	20	21	22	23	33
	24	25	26	27	28	29	30	34
	31	1	2	3	4	5	6	35
	7	8	9	10	11	12	13	36
OCT	14	15	16	17	18	19	20	37
	21	22	23	24	25	26	27	38
	28	29	30	1	2	3	4	39
	5	6	7	8	9	10	11	40
NOV	12	13	14	15	16	17	18	41
	19	20	21	22	23	24	25	42
	26	27	28	29	30	31	1	43
	2	3	4	5	6	7	8	44
DEC	9	10	11	12	13	14	15	45
	16	17	18	19	20	21	22	46
	23	24	25	26	27	28	29	47
	30	1	2	3	4	5	6	48
	7	8	9	10	11	12	13	49
	14	15	16	17	18	19	20	50
	21	22	23	24	25	26	27	51
	28	29	30	31	1	2	3	52

2004								Wk. No.
	S	M	T	W	Th	F	S	
JAN	4	5	6	7	8	9	10	1
	11	12	13	14	15	16	17	2
	18	19	20	21	22	23	24	3
	25	26	27	28	29	30	31	4
FEB	1	2	3	4	5	6	7	5
	8	9	10	11	12	13	14	6
	15	16	17	18	19	20	21	7
	22	23	24	25	26	27	28	8
MAR	29	1	2	3	4	5	6	9
	7	8	9	10	11	12	13	10
	14	15	16	17	18	19	20	11
	21	22	23	24	25	26	27	12
APR	28	29	30	31	1	2	3	13
	4	5	6	7	8	9	10	14
	11	12	13	14	15	16	17	15
	18	19	20	21	22	23	24	16
MAY	25	26	27	28	29	30	1	17
	2	3	4	5	6	7	8	18
	9	10	11	12	13	14	15	19
	16	17	18	19	20	21	22	20
JUN	23	24	25	26	27	28	29	21
	30	31	1	2	3	4	5	22
	6	7	8	9	10	11	12	23
	13	14	15	16	17	18	19	24
JUL	20	21	22	23	24	25	26	25
	27	28	29	30	1	2	3	26
	4	5	6	7	8	9	10	27
	11	12	13	14	15	16	17	28
AUG	18	19	20	21	22	23	24	29
	25	26	27	28	29	30	31	30
	1	2	3	4	5	6	7	31
	8	9	10	11	12	13	14	32
SEPT	15	16	17	18	19	20	21	33
	22	23	24	25	26	27	28	34
	29	30	31	1	2	3	4	35
	5	6	7	8	9	10	11	36
OCT	12	13	14	15	16	17	18	37
	19	20	21	22	23	24	25	38
	26	27	28	29	30	1	2	39
	3	4	5	6	7	8	9	40
NOV	10	11	12	13	14	15	16	41
	17	18	19	20	21	22	23	42
	24	25	26	27	28	29	30	43
	31	1	2	3	4	5	6	44
DEC	7	8	9	10	11	12	13	45
	14	15	16	17	18	19	20	46
	21	22	23	24	25	26	27	47
	28	29	30	1	2	3	4	48
	5	6	7	8	9	10	11	49
	12	13	14	15	16	17	18	50
	19	20	21	22	23	24	25	51
	26	27	28	29	30	31	1	52

2005								Wk. No.
	S	M	T	W	Th	F	S	
JAN	2	3	4	5	6	7	8	1
	9	10	11	12	13	14	15	2
	16	17	18	19	20	21	22	3
	23	24	25	26	27	28	29	4
FEB	30	31	1	2	3	4	5	5
	6	7	8	9	10	11	12	6
	13	14	15	16	17	18	19	7
	20	21	22	23	24	25	26	8
MAR	27	28	1	2	3	4	5	9
	6	7	8	9	10	11	12	10
	13	14	15	16	17	18	19	11
	20	21	22	23	24	25	26	12
APR	27	28	29	30	31	1	2	13
	3	4	5	6	7	8	9	14
	10	11	12	13	14	15	16	15
	17	18	19	20	21	22	23	16
MAY	24	25	26	27	28	29	30	17
	1	2	3	4	5	6	7	18
	8	9	10	11	12	13	14	19
	15	16	17	18	19	20	21	20
JUN	22	23	24	25	26	27	28	21
	29	30	31	1	2	3	4	22
	5	6	7	8	9	10	11	23
	12	13	14	15	16	17	18	24
JUL	19	20	21	22	23	24	25	25
	26	27	28	29	30	1	2	26
	3	4	5	6	7	8	9	27
	10	11	12	13	14	15	16	28
AUG	17	18	19	20	21	22	23	29
	24	25	26	27	28	29	30	30
	31	1	2	3	4	5	6	31
	7	8	9	10	11	12	13	32
SEPT	14	15	16	17	18	19	20	33
	21	22	23	24	25	26	27	34
	28	29	30	31	1	2	3	35
	4	5	6	7	8	9	10	36
OCT	11	12	13	14	15	16	17	37
	18	19	20	21	22	23	24	38
	25	26	27	28	29	30	1	39
	2	3	4	5	6	7	8	40
NOV	9	10	11	12	13	14	15	41
	16	17	18	19	20	21	22	42
	23	24	25	26	27	28	29	43
	30	31	1	2	3	4	5	44
DEC	6	7	8	9	10	11	12	45
	13	14	15	16	17	18	19	46
	20	21	22	23	24	25	26	47
	27	28	29	30	1	2	3	48
	4	5	6	7	8	9	10	49
	11	12	13	14	15	16	17	50
	18	19	20	21	22	23	24	51
	25	26	27	28	29	30	31	52

*The bolded & underlined dates are State of Michigan holidays.